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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Numb	er 010407
First Named Inventor	Sheri L. Zimmel
	E IF KNOWN
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Apparatus and Method for Existing Network Configuration (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International (if applicable). Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached? Priority** Foreign Filing Date **Prior Foreign Application** Country **Not Claimed** (MM/DD/YYYY) YES NO Number(s) None ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a None supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Name Rudolf O. Siegesr	nund	Registrat:	ion N	umber: 37	,720
Address 4627 N. Central	Expres	ssway, Ste	. 200)0	
Address			T		
City Dallas			State	TX ,	ZIP 75205
Country U.S.A.	Te	elephone 214-	528-2	2407	Fax 214-528-2434
I hereby declare that all statements mad	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the				
NAME OF SOLE OR FIRST INVE			A petiti	on has been file	ed for this unsigned inventor
Given Name Sheri L. (first and middle [if any])			Family N	Name Zimmel	
Inventor's Signature	Sem				Date 7/13/2001
Residence: City Richardson	1	State T	X	USA Country	Citizenship USA
-	in Drive	e			
Mailing Address					
Richardson City	State TX		zip 7	75081	Country USA
NAME OF SECOND INVENTOR			A petit	ion has been file	ed for this unsigned inventor
Given Name Kristo (first and middle [if any])	opher E		Family or Surn		Glover
Inventor's Signature Date Land 3 700					
	ardson	State	TX	USA Country	Citizenship USA
Mailing Address 2801 Sandy	Tr.				
Mailing Address					
City Richardson	State TX		zip 7	75080	Country USA
Additional inventors are being named		supplemental Additi		ntor(s) sheet(s) PT0	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

					•
Name of Additional Joint Inventor, if any	:		A petition has been file	ed for th	nis unsigned inventor
Given Name (first and middle [if any]) Family Name		ne or S	or Surname		
Anna A.			Maravina	_	
Inventor's Can Con Signature	2				Date 07/13/2001
Residence: City Richardson	State TX	c	Country		Citizenship Russia
Mailing Address 4250 East Renne	er, #223	1			
Mailing Address					:
City Richardson	State TX		ZIP 75082	Countr	y USA
Name of Additional Joint Inventor, if any	/:		A petition has been file	d for thi	s unsigned inventor
Given Name (first and middle [if any])			Family Na	me or S	urname
Mark W.			Lewis		
Inventor' s Signature					Date
Residence: City Oxford	MS State		USA Country		USA Citizenship
737 Shady Oaks Ci	ircle				
Mailing Address					
Oxford City	MS State		38655 ZIP	Cou	USA Intry
Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any])			Family	Name	or Surname
Ronald S. Stites		tes			
Inventor's Signature	C	3			Date \$'7/\$3/61
Plano Residence: City	State TX		Country USA		Citizenship USA
Mailing Address 4409 Wonderland Dr.					
Mailing Address					
City Plano	State TX		75093 ZIP	C	ountry USA

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Application Number	
Filing Date	
First Named Inventor	Sheri L. Zimmel
Group Art Unit	
Examiner Name	
Attorney Docket Number	010407

I hereby appoint: Practitioners at Customer Number OR X Practitioner(s) named below: Name Rudolf O. Siegesmund Robert H. Frantz	Place Customer Number Bar Code Label here Registration Number 37,720 42,553		
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office con Please change the correspondence address for the above-identi The above-mentioned Customer Number.	nected therewith.		
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Individual Name			
Address 4627 N. Central Expressw	ay, Ste. 2000		
Address City Dallas	State TX Zip 75205		
TI C A	State 111 1.6		
Country	Fax 214-528-2434		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Sheri L. Zimmel			
Name // / / /			
Signature // Signature			
Date 7/13/2001			
NOTE: Signatures of all the inventors or assignees of record of the entire interest forms if more than one signature is required, see below*.	or their representative(s) are required. Submit multiple		
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First Named Inventor	Sheri L. Zimmel
Group Art Unit	
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Attorney Docket Number	010407

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Rudolf	O. Siegesmund	37,720	
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Address	4627 N. Central Expressy	way, Ste. 2000	
Address		1 155005	
City	Dallas	State TX Zip 75205	
Country	U.S.A.	014 500 0404	
Telephone	214-528-2407	Fax 214-528-2434	
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Ronald S. Stites			
Name Signature R Signature			
Date	JULY 13 2001		
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Group Art Unit		
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Attorney Docket Number	010407	

OR X Practitioner(s) na Rudolf	Customer Number med below: Name O. Sieqesmund H. Frantz	Regis 37,72 42,55		
as my/our attorney(s) o business in the United	or agent(s) to prosecute the application States Patent and Trademark Office o	n identified abor connected there	ve, and to transact all ewith.	
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X Firm or	Rudolf O Siegesmund	Rea. No.	37,720	
Individual Name Address	Rudolf O. Siegesmund, Reg. No. 37,720 4627 N. Central Expressway, Ste. 2000			
Address	1402/ N. Central Expres	DWAY, DCC	. 2000	
City	Dallas State TX Zip 75205		Zip 75205	
Country	U.S.A.			
Telephone	214-528-2407	Fax 21	4-528-2434	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Nome Anna		Maravi	na	
Name Signature Output				
Signature CMF/CO Date 04/13/2001				
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forms if more than one signatur	e is required, see below*. orms are submitted.			
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Group Art Unit		
Examiner Name		
Attorney Docket Number	010407	

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F	Robert H. Frantz 42,553				
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Address		4627 N. Central Expressway, Ste. 2000			
Address		1027 II. Cellerar Empressway, Sec. 2000			
City		Dallas State TX Zip 75205		Zip 75205	
Country		U.S.A.			
Telephone		214-528-2407	Fax 214-528-2434		
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SIGNATURE of Applicant or Assignee of Record					
Name	Name Kristopher E. Glover				
Signature ————————————————————————————————————					
Date (1) Joe					
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